



KANSAS DEPARTMENT ON AGING
LICENSURE, CERTIFICATION AND EVALUATION COMMISSION
SUNFLOWER CONNECTION
CONNECTING KDOA WITH LONG TERM CARE PROVIDERS

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Please route Sunflower Connection to nursing staff and other interested parties in your facility. This publication may be copied or accessed through the internet address above.

PAID FEEDING ASSISTANTS

On September 26, 2003, the Department of Health and Human Services published a final [rule](#) permitting long term care facilities to use paid feeding assistants to supplement the services of certified nurse aides under **certain** circumstances. The rules provide for states to develop and approve training programs for feeding assistants. Feeding assistants must successfully complete a State-approved training program and work under the supervision of a registered nurse or a licensed practical nurse. The facility must ensure that only residents who have no complicated feeding problems may be fed by the feeding assistant. The facility must base resident selection on the charge nurse's assessment and the resident's latest assessment and plan of care. This change in Federal rule does not apply to volunteers.

KSA 39-936 requires unlicensed persons who work for an adult care home and provide direct care to residents be nurse aides. To implement the feeding assistant program in Kansas there would be a need to change this statute. If the Kansas statute was amended to allow for feeding assistants, the Health Occupations Credentialing unit at the Kansas Department of Health and Environment would have to develop and implement a curriculum for the course. The statute would affect all Adult Care Homes: nursing facilities, assisted living, residential health care, home plus, intermediate care facilities for the mentally retarded and adult day care. The exception would be Boarding Care Homes. Boarding care residents must be able to feed themselves.

The Sunflower Connection is published by [The Kansas Department on Aging](#)

Kathleen Sebelius, Governor
Pamela Johnson-Betts, Secretary

Licensure, Certification and Evaluation Commission

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An article in the [January 2001 FACT SHEET](#) discusses assisting residents at mealtime under current federal and state laws. In Kansas, the act of feeding has been limited to the placement of food in a resident's mouth by another person. Unlicensed staff and volunteers can assist residents at mealtime. This article is available on the [KDHE website](#).

PHYSICIAN DELEGATION OF TASKS IN SKILLED NURSING FACILITIES AND NURSING FACILITIES

On November 13, 2003, the Center for Medicaid and State Operations/Survey and Certification Group issued a new [memorandum](#) about the delegation of physician tasks in Skilled Nursing Facilities (SNF) and Nursing Facilities (NF). The memorandum issued in November replaces the one issued on April 10, 2003. The Survey and Certification letter contained a table that is reproduced below related to use of physician extenders Nurse Practitioners (NP), Clinical Nurse Specialist (CNS), and Physician Assistant (PA).

Authority for Non-physician Practitioners to Perform Visits, Write Orders and Sign Certifications/Recertifications When Permitted by the State

	Initial Comprehensive Visit & Orders	Other Required Visits^	Other Medically Necessary Visits & Orders +	Certification/ Recertification
SNFs				
NP & CNS employed by the facility	May not perform/ may not sign	May perform	May perform or sign	May not sign
NP & CNS not a facility employee	May not perform/ may not sign	May perform	May perform and sign	May sign subject to State Requirements*
PA regardless of employment status	May not perform/may not sign	May perform	May perform and sign	May not sign
NFs				
NP, CNS & PA employed by the facility	May not perform/may not sign	May not perform	May perform and sign	May sign subject to State Requirements
NP, CNS & PA not a facility employee	May perform/may sign	May perform	May perform and sign	May sign subject to State Requirements*

^ Other required visits are the Medicare required monthly visits that may be alternated between physician and non-physician practitioner after the initial comprehensive visit is completed. 42C.F.R.424.20(e)(2) states that NPs and CNSs that are **not** employed by the facility and are working in collaboration with a physician, when permitted under the scope of practice for the State, may sign the required initial certification and recertifications. Therefore in Kansas, Advanced Registered Nurse Practitioners and Physician Assistants may perform the other required visits in Medicare certified facilities.

+ Medically necessary visits may be performed prior to the initial comprehensive visit.

* Kansas statutes allow Advanced Registered Nurse Practitioners (ARNP) and Physician Assistants to work collaboratively with a physician. **Kansas Medicaid does not require a physician to certify that a resident is in need of NF care.**

The paragraph below is a direct quote from the S & C Letter.

Dually Certified Facilities

While the CFR does not address dually certified SNF/NFs directly, the CFR is clear about who can perform tasks in a SNF and in a NF. In a facility where beds are dually certified, the facility must determine **how** the resident stay is being paid. For residents in a Part A Medicare stay, the PA, NP, and CNS must follow the Guidelines for services in a SNF. For Medicaid stays, the PA, NP, and CNS must follow the provisions outlined for care in NFs. As such, in a dually certified nursing home, any required physician task for a Medicaid beneficiary in a NF certified, at the option of the State, may be performed by a NP, CNS, or PA who is **not** an employee of the facility but who is working in collaboration with a physician. In addition, in a dually certified nursing home and at the option of a physician, required physician visits for a Medicare beneficiary in a SNF, certified bed may be alternated between personal visits by the physician and visits by a PA, CNP, or NP after the physician makes the initial first visit.”

Advanced Registered Nurse Practitioners and Physician Assistants may make visits and write orders for residents in licensed only nursing facilities, assisted living, residential health care, home plus and adult day care facilities. The ARNP and PA must be working in collaboration with a physician. The only task that requires a physician order is admission to a nursing facility.

If you have any questions about this information, please contact Caryl Gill at (785) 296-4222.

MED QIC

www.MEDQIC.org is the Medicare Quality Improvement Community, a web-based resource created and supported by the Centers for Medicare & Medicaid Services (CMS) to communicate its Medicare National Quality Improvement Priorities. The following is list of resources available at this site:

- Literature from respected peer-reviewed journals.
- Useful tools for quality improvement interventions.
- Links to guidelines, clinical support, national organizations and government agencies.
- Project support material, presentations, fact sheets, news.
- Contact information for QIOs and QIOSCs.

Major development will continue through 2004-05 with a rebuilt and expanded quality improvement resource clearinghouse and a new community workspace.

CONSULTANT NURSE'S CORNER

Recently the agency has received a number of inquiries related to rehabilitation/restorative care.

The restorative nursing plan must be developed and supervised by a licensed nurse. Although therapists may participate, the nursing staff is responsible for the coordination and supervision of the restorative nursing program. Restorative nursing does not require a physician's order. The care plan must include measurable objectives and interventions. There must be written evidence that a licensed nurse periodically evaluates the restorative program. Volunteers and other direct care staff may be assigned to work with specific residents under licensed nurse supervision. Exercise groups that include active and passive range of motion must be individualized with no more than four residents per supervising individual.

A number of inquiries related to activities were also received. Facilities shall have an activities director that meets one of the requirements defined in KAR 28-39-144 (a) (1) through (5). Pursuant to KAR 28-39-153 (e) (2): A qualified activities director shall direct the activities program. Volunteers and other staff may provide activities for residents. Staff must be a licensed healthcare professional or a certified nurse aide in order to do hands on care.

BACKUP OF MDS DATA

It is the responsibility of a nursing facility administrator to assure that the Minimum Data Set (MDS) data created in their facility is protected. 42 CFR 483.75(l)(3) states that "The facility must safeguard clinical record information against loss, destruction and unauthorized use." A number of unexpected problems can occur with electronic data. A hard drive may fail or a computer could be stolen. Files can be overwritten or deleted. A natural disaster such as fire, flood or tornado may damage software/hardware. The most common reason for loss of MDS records in Kansas other than human error is lightning strikes. The Centers for Medicare and Medicaid Services expects nursing facility administrators to make sure that their staff regularly performs backup procedures for the MDS data.

1. **Backup** – It is the responsibility of the nursing facilities to have a regular backup plan for all assessment data.

National Repository – Nursing facilities cannot depend on the national repository to restore lost files. The data stored at the national repository may not contain all the data stored on the state system. Data is stored in a different manner at the national repository than at the state and facility level. CMS contractors will attempt to restore data, but that cannot always be accomplished. It may be impossible to restore the information needed by the facility for their data files.

Media – Use a reliable system such as a ZIP drive, tape drive, CD writer, or FTP off-site storage. MDS Software or other mechanisms that create an automatic backup on the user's hard drive is helpful, but is not a substitute for a comprehensive backup strategy. Do not just back up to another location on your computer hard drive, as your data will still be lost if the hard drive "crashes."

Software – Backup can be accomplished through a variety of software programs. Your MDS software vendor may be prepared to assist you. MS Windows includes a backup program, MS Backup. Click "Start," "Programs," "Accessories," "System Tools," and "Backup." MS Backup has online instructions available.

Unique File Name – When submitting a MDS file, do not write over the previous file, because then you have lost the previous assessment. Always create a unique name for each MDS file submission. Record the name of the file and state submitted for future reference.

Restore – If you ever need to restore data, be sure to restore files in the same order as submitted.

2. **IT Policies/Practices** – Nursing facilities determine their own information technology policies and practices, with the advice/assistance of their information technology staff and/or software vendor. It is the responsibility of nursing home administrators to be sure a set of policies are in place and adhered to. The following are examples of possible policies and procedures:

File Naming Conventions – Develop a naming convention that will make it easy to identify files over a long period of time. For example, you may want to list year, month, and day of the transmission along with the initials of your facility. If it is likely that more than one submission will be transmitted on any one day, include a requirement to assign a number to indicate the order of the multiple submissions.

Backup Schedule – Institute a regular procedure for backing up the MDS database nightly to another computer via a secure network or a reliable portable media device such as ZIP drive, tape backup, or CD writer. Store the dated backup in a secure remote location or in multiple locations if possible. It is a typical practice to back up data nightly on an incremental basis and to conduct a total replacement backup on a weekly basis that is stored off-site.

When Moving Equipment – Include a procedure to create a retrievable copy of data before moving equipment.

Periodically Test Backups – Retrieve backed up data to be sure that data is not corrupted and that the mechanism used to conduct backup is, in fact, really backing up data, rather than empty files. If you use tape backup, rotate tapes.

Back up People Too – If you have only one staff person who can access the MDS computer system, that person needs a backup. It is very important that the Passwords for the MDCN system and the state system be locked in a location with limited access. In fact the only persons who should have access to the passwords are the facility administrator, Director of Nursing, MDS Coordinator(s) and medical records personnel. If only one person has access to the passwords, the facility cannot transmit unless that individual is present. It is not uncommon in Kansas for the MDS Coordinator to resign and no one in the facility has access to passwords. Passwords cannot be posted on or near the computer containing MDS data.

Develop Off-site Standards and Utilize Off-site Storage for copies of essential records. This is true not only for MDS data, but also for business records. Off-site storage minimizes the chance for total destruction of records, since the possibility that a disaster will strike in a different geographical area with the same severity is small. The most common cause of destruction of records in Kansas is lightning strikes. Facilities have lost MDS data and all billing records. Reconstructing these files is time consuming and may delay payment significantly.

Stick to a Schedule – If you don't have consistency, you don't really have backup.

If you have questions regarding this issue please contact the Myers and Stauffer Help Desk at 785-228-6770.

ANNUAL AND SEMIANNUAL REPORTS

The electronic version of the Sunflower Connection contains links to [semiannual](#) and [annual](#) report forms and directions. These items are posted on the following website: www.kdhe.state.ks.us/bhfr. The forms are in Adobe Acrobat format. Facility staff will be able to complete the forms using their computer. Calculations requested will be performed automatically. After the forms are completed, they can be printed for submission. **Administrators/Operators must review the data for accuracy before signing the form.** The forms can then be mailed to the following address:

**Curtis State Office Building
1000 SW Jackson, Suite 330
Topeka, KS 66612**

Directions for completing the forms using the computer can be accessed by clicking on the help box on the web version of the form. Additional instructions can be found on the home pages for the [semiannual](#) and [annual](#) reports. Information regarding downloading the current version of Adobe Reader software and downloading pdf files can be found [here](#). Facilities must complete the facility name and address section at the top of each form. The reports must be returned by January 9, 2004. Sandra Dickison and Caryl Gill are the contact persons for questions related to completion of the reports. Sandra and Caryl can be reached at (785) 296-1240. You may e-mail Caryl at carylgill@aging.state.ks.us.

Facilities that have nursing facility units and residential health care or assisted living units can share staff. Staff time for the semiannual reports must be recorded on the two separate reports according to the amount of time staff spend providing care in each unit. For instance, a medication aide may administer medications in the residential health unit two times during a shift. The same medication aide also administers medications in the nursing facility unit. The medication aide spends about an hour a day administering medications in the residential care unit. Record one hour in the residential care report and seven hours in the nursing facility report.

FACILITIES WITH ZERO DEFICIENCIES

Secretary Johnson-Betts recognized the following facilities for a zero deficiency resurvey. The Secretary sent a letter of congratulation to each of the facilities listed below.

Nursing Facilities - Salina Presbyterian Manor, Salina; Anthony Community Care Center, Anthony; Chapman Valley Manor, Chapman; Pleasant View Manor, Inman; Lawrence Presbyterian Manor, Lawrence; Parkside Homes, Marion; Sandstone Heights, Little River; and Dawson Place, Hill City.

Nursing Facility for Mental Health – Friendship Manor, Haviland, Valley Health Care Center, Valley Falls.

Assisted Living/Residential Health Care – The Meadows, Burlington; Cedarview Assisted Living, Hays; Village East, Nortonville; Carrington Retirement Community, Pittsburg; Arkhaven at Iola, Iola; Southern Meadows, Topeka; Kenneth Caldwell Assisted Living, Wichita.

Boarding Care Home – Loving Care Unlimited, McPherson; Midwest Homeplace South, Leavenworth; J & T Community Residence, Topeka; The Dorothy Clark Home, Topeka; Country Cottage, Easton; Harbor Home A, Clearwater; Harbor Home B, Clearwater; Comfort Care Homes #6504, Wichita; MTM Boarding Care Home, McPherson.

Adult Day Care – Midland Adult Day Care, Topeka.

EXEMPLARY CARE AWARDS

The following facilities were recognized by Secretary Johnson-Betts as providing exemplary care. This award means that the facilities were found to be in substantial compliance with the regulations and in addition, had developed a care management system that improved the lives of residents. The Secretary sent a letter of recognition and a press release was provided to area news media.

Golden Heights, Garnett

The facility provides activity/social programs that meet the needs of residents with varying abilities, interests and levels of functioning. Staff is creative in developing methods that meet the nutritional and personal food preferences of residents.

Anthony Community Care Center, Anthony

This facility devised and implemented systems to assist residents in improving their activity of daily living functioning. Residents who were identified as being incontinent on admission have regained continence or have had the incidence of incontinence reduced.

Chapman Valley Manor, Chapman

This facility has developed and implemented systems that assisted residents to increase their ability to ambulate. In addition, they have a skin care program that reduced the incidence of pressure ulcers.

Pleasant View Home, Inman

This facility reduced the use of physical and chemical restraints, improved the ability of residents to perform activities of daily living and reduced the incidence of pressure ulcers through the development and implementation of care management systems.

Moran Manor, Moran

Surveyors recommended this facility for an exemplary care award due to their creative methods for enhancing the relationship between the facility and the community. In addition, they have made changes in their physical environment that enhanced the quality of life of residents.

Parkside Homes, Hillsboro

This facility was recognized for the good outcomes that had occurred with their skin integrity program and their efforts to meet the nutritional and personal food preferences of residents.

RESOURCES FOR QUALITY CARE

The Council for Nutrition has followed the “Clinical Guide to Prevent and Manage Malnutrition in Long-Term Care” with “Development of Guidelines for the Use of Orexigenic Drugs in Long-Term Care.” These guides are available online at www.LTCnutrition.org.

The Guidelines include recommendations for the use of megestrol acetate. A major potential problem with megestrol is that it produces an increase mainly in fat mass rather than fat-free mass.

*Megestrol acetate should be used in ambulatory persons with cytokine excess. (Cytokine excess may be gauged by measuring a C-reactive protein.)

*Because megestrol acetate reduces testosterone levels, it should be used in men only together with testosterone.

*Megestrol acetate should be given for a maximum of 3 months.

*Persons receiving megestrol acetate should be monitored for adrenocortical insufficiency.

DeYoung, S., Just, G., and Harrison, R. (2002). Decreasing Aggressive, Agitated, or Disruptive Behavior: Participation in a Behavior Management Unit. *Journal of Gerontological Nursing*, 25(6), 22-31.

This small study showed that residing in a unit with a therapeutic milieu designed for persons with aggressive, agitated or disruptive behavior for at least 6 months resulted in a decrease in the identified behaviors.

Rantz, M. et al. (2003). Getting the Basics Right: Care Delivery in Nursing Homes, 29(11), 15-25.

The simplicity of the basics of resident care needed by residents is illustrated in this study. The results also illustrate the complexity of care processes and organizational systems that must be in place to achieve good outcomes. This article provides a good review of what is needed to achieve good outcomes in a nursing facility.

RESIDENT ASSESSMENT INSTRUMENT EDUCATION

The Licensure, Certification and Evaluation Commission provides education for staff of certified facilities on how to accurately complete the Minimum Data Set Version 2.0 and the Resident Assessment Protocols. The schedule of classes is posted on the website managed by the Kansas Department of Health and Environment. Please be sure to use the KDOA enrollment form and check the KDOA list of courses. This website also contains courses offered by KDHE for hospital based units. The website address is kdhe.state.ks.us/bhfr. Regulations for adult care homes, the *Regulation Interpretation Manual* and forms used by the LCE commission continue to be listed on this website. Sometime in the future, this information will be moved to the KDOA website.

Please note that the MDS 2.0 class scheduled for January 29, 2004, is closed due to full enrollment. If you have any questions, please contact Patricia Maben at 785-296-1240.

OPERATOR COURSE CHANGES

Health Occupations Credentialing has implemented changes to the Operator Course Guidelines, effective January 1, 2004. The changes resulted from: results of surveys of operators and sponsors, and analysis of deficiency data, the summary of the 1998 Assisted Living Task Force and input from Department on Aging staff members. The minimum number of hours for the course has increased to 32 from 21.

The changes include additional and expanded topics. The topics added are infection control and resident records. The topics expanded include abuse, neglect, and exploitation; Negotiated Service Agreement; review of the Nurse Practice Act; and medication management.

Many of the individuals surveyed requested that the course include material on human resources management. Although the department has not included that in the required topics, the department encourages the sponsors of the course to consider adding it to the course. It is also suggested that sponsors ask presenters to share their resources with the candidates.

If you have questions about the guidelines, please contact Dolores Staab at (785) 296-6796 or dstaab@kdhe.state.ks.us.

NURSE AIDE AND HOME HEALTH AIDE REGULATION REVISIONS

The primary revision in the nurse aide and home health aide regulations is the increase in the application fee from \$10 to \$20. The public hearing on the proposed regulations was held November 13, 2003. No comments on the nurse aide and home health aide proposed regulations were presented or submitted. The change will be effective December 29, 2003. Students who begin a course that starts on or after that date must pay the \$20 application fee. Instructors and sponsors may obtain the new application and rescheduling forms from HOC's website or may contact HOC staff for copies.

MEDICATION AIDES PROGRAM REVISIONS

HOC has been in the process of revising the medication aide program, and we are now ready for kick off! The last step involved adopting changes to the regulations to reflect the updated curriculum, new tests, and new manual for sponsors and instructors.

The public hearing on the proposed regulations was held November 13, 2003. Thank you to the individuals who attended and to those who presented and/or submitted comments. The new regulations were to be published in the Kansas Register on December 11, 2003. On December 29, 2003, the regulations will take effect.

Substantive changes to the program include the following:

- The initial course for certification of medication aides has increased to 75 hours from 60 hours, with a minimum of 25 hours of clinical instruction.
- A new curriculum has been developed and is available from the Washburn Curriculum Center, (785) 231-1010, extension 1534. The new test booklets will be provided to the sponsors by HOC. The sponsors will be responsible for the security of the test booklets. Sponsors may contact HOC for initial and replacement test booklets. The new curriculum and tests are to be used for any course that begins on or after December 29, 2003. A new "Sponsor and Instructor Manual" is available. The manual includes information for both the sponsor and instructor along with copies of the new forms. Please contact Martha Ryan at HOC for copies of the manual at mryan@kdhe.state.ks.us or (785) 296-0058.

- Medication aides whose certificates have been expired more than three years must take the 75-hour course to reinstate.
- Each person who has completed the 75-hour course shall have a maximum of two attempts to pass the test within 12 months after the first day of the course. If the person does not pass the test within this 12-month period, the course shall be retaken. Each time the person successfully completes the course, the person shall have two attempts to pass the test within 12 months after the first day of the course. The number of times a person may retake the course shall be unlimited.
- More flexibility is allowed in the curriculum for the 10-hour continuing education course.
- The application fee paid by the CMA to HOC increased to \$20 (for both the initial course and the renewal course). The \$20 application fee is in effect for all courses that begin on or after the date that the regulations become effective.

Thank you to the many conscientious, hardworking individuals who participated in the development of the revised CMA program. The individuals serving on committees included: Deb Bader, RN; Caprice Becker, RN; Joyce Bedsworth, MN, MHS, NHA, RNCS, CNAA; Bea Carney, MN, MAEd; Mary Gedrose, RN; Robbie Pennington, CMA; Ben Rigdon, CMA; Ann Schmidt, RN, BA, Terri Stewart, RN/C, Charlotte Campbell, RN, Carly Haynes, RPH, Linda Runge RN, Shawn Hase, CMA, Diana Finan, CMA, Kathy Bode, RN, BS, MS, Kathy Carter, RN, Denise German, RN, LNHA, Kathleen Lee, CMA, Carolyn Middendorf, RN, ARNP, MN, Linda Pfeffer, RN, BSN, MS, and Kristine Pfeifer, RN. Many thanks to the associations and schools that nominated these people. The associations included: Kansas Association of Homes and Services for the Aging, Kansas Health Care Association, Kansas Advocates for Better Care, Kansas Adult Care Executives, Assisted Living Federation of America-Kansas Chapter, and Kansas State Nurses Association. The schools included Manhattan Area Technical College, Johnson County Community College, Barton County Community College, KAW Area Technical School, Flint Hills Technical College, and Wichita Area Technical College. In addition, thank you to the staff of state agencies who reviewed and edited the materials: Carly Haynes, RPH, Board of Pharmacy; Janette Pucci, RN, MSN, Kansas State Board of Nursing; Patricia Maben, RN, MN, ACHA, Department on Aging; Kay Jenista, RN, MSN, Kansas Department of Health and Environment (KDHE); Lesa Roberts, RN, BSN, KDHE; and Marla Rhoden, director of Health Occupations Credentialing (HOC).

FACILITY ADMINISTRATORS - IMPORTANT REQUEST

HOC requests that you tell the medication aides who work for your facility that new regulations state that a medication aide whose certificate has been expired for more than three years will be required to retake the 75-hour medication aide course to reinstate.

Attached is a document that explains recertification requirements to give to the medication aides. It is also accessible on the HOC website, www.kdhe.state.ks.us/hoc (select Health Care Personnel Resources, CMA Resources, Recertification Requirements for Medications Aides).

Questions and comments should be directed to Martha Ryan at mrryan@kdhe.state.ks.us or (785) 296-0058.

IMPORTANT INFORMATION FOR CERTIFIED MEDICATION AIDES

The medication aide certificate is valid for two years from the date issued. To maintain a valid certificate, you must complete, at any time during those two years, a program of 10 hours of continuing education approved by the certifying agency.

The continuing education programs are sponsored by community colleges, vocational technical schools, adult care homes, and associations. You may contact the sponsor to learn about approved upcoming 10-hour continuing education courses. You may also access the list of continuing education courses approved by the certifying agency on HOC's website, www.kdhe.state.ks.us (choose Health Care Personnel Resources, CMA Resources, CMA Update Courses), or call HOC for continuing education course information.

It is important that you plan ahead so that a course is available before your certificate expires. If you successfully complete the continuing education course, a new certificate will be mailed to you about two weeks before the expiration date of your current certificate.

If your certificate expires, you may reinstate by taking an approved continuing education course within three years of the expiration date. The new certificate will be valid for two years from the date it is issued. To maintain a valid certificate, you must complete, at any time during those two years, a program of 10 hours of continuing education approved by the certifying agency. If your certificate has been expired for more than three years, you are required to retake the 75-hour medication aide course.

Because the continuing education course is often completed long before the new certificate is issued, it is important to inform HOC of name and address changes as they occur. To report a change of address, call (785) 296-0060 or (785) 296-1250. For a name change, you must submit an HOC form, request for new card or change name or address change." The form is available on the website, or you may request it by calling either of the above listed numbers. You will be required to submit documentation of the name change, for example, a copy of your Social Security card with your new name, marriage license, or divorce decree, whichever applies. Your new name will appear on the certificate when it is issued.

ENFORCEMENT ACTIONS

	1st	2nd	3rd	4th
ANE Issues	5	3	2	
Disaster Preparedness	0	0	2	
General Sanitation and Safety	6	4	5	
Health Care Services	2	4	4	
Inadequate Administration	4	2	1	
Inadequate Admissions	0	0	2	
Inadequate Accounting of Funds	0	0	0	
Inadequate Documentation of Employee Records	2	1	0	
Inadequate Documentation of Resident Records	8	2	0	
Inadequate Drug Regimen Review	0	0	3	
Inadequate Inservice Education	0	1	1	
Inadequate Policies/Procedures Regarding Infection Control	0	0	1	
Inadequate Policies and Procedures for Special Care Unit	0	0	0	
Inadequate Range of Motion Services	0	0	0	
Inadequate Supervision	2	0	2	
Inadequate or Unqualified Staffing	6	2	2	
Inadequate of Inappropriate Dietary/Nutritional Services	2	2	1	
Inadequate of Inappropriate Hygiene and Skin Care	0	0	0	
Inappropriate Admissions	1	0	0	
Inappropriate or Unauthorized Use of Resident	0	0	0	
Negotiated Service Agreement	14	12	9	
Physician Verbal Orders for Licensed Personnel	0	0	0	
Resident Functional Capacity Screen	3	9	2	
TB for Residents/Staff	0	0	3	
Unsafe Medication Administration or Storage	11	13	0	
Other	9	4	0	
Civil Penalties	2	6	5	
Correction Orders	20	23	25	
Bans on New Admissions	2	11	9	
Federal Remedies	1st	2nd	3rd	4th
Civil Monetary Penalties Recommended	4	2	5	
Denial of Payment for New Admissions Imposed	6	11	14	
Terminations	0	0	0	
NOTC	10	6	13	

HOTLINE STATISTICS
September 2003 – November 2003
Intakes assigned for investigation

	Facility mandated reports on ANE	Non-facility reports of ANE	General Care
September	173	18	100
October	166	17	97
November	149	13	72

COMPLAINT POSTERS

The Licensure and Certification's Complaint Program recently received the new "Have a Complaint?" posters that reflect the survey agency change from Health & Environment to the Department on Aging. Some providers have already contacted the Complaint Program to request the updated posters. Surveyors will be given a supply of the posters after the first of the year to provide to facilities during their on-site visits.